FOR INSTRUCTIONS, SEE BACK OF FORM	IA ETHIO	RM STATEMENT
CHECK ONE:	CAMPAIGHTUS AND DR	
☐ This is an initial* Statement of Organization  This is an amended* Statement of Organization	Reset Form (Rev.	01/2006) ORGANIZATION
"An Initial Statement of Organization must be filed within 10 does of the or	For C	Office Use Only
mana a procession of inculting ingenierings exceeding x/50 - Amona	monto must be Electually on 1 1 4 1 1	
committee that exceeds \$750 in activity for another office shall file within	ation. A candidate with an open Audito	ed
211 - Globologing information concerning the campaign for the new office s	ought.	
COMMITTEE NAME   (A candidate's committee must include the candidate's last name in the name of the committee.)		
NOSERT ISROUNTLES PROLICE COMMITTEE		
IMPORTANT: Indicate type of committee you are reporting for:		
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot issues)		
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mandatory e	xcept for a candidate's committee)
Ore++ bosworth	l Name ↓ ↓	in sus of h
Mailing Address + 1001 office Parkhad Stell9	Mailing Address	3.KRood, Sta. 119
City, State + Zip Code + + SOZES	City, State ↓ ↓ Zip Code ↓ ↓  VEST DES MOUNES 1	
Phone (515) 226.0277	Phone (575) 226.0277	1 3026)
e-Mail	. 14-3	
INDICATE PURPOSE OF COMMITTEE - Check One Box Ad	vocate for/against candidate(s)	for ballot issue(s)
All Candidates Enter:	LI Advocate	against ballot issue(s)
Office Sought POLK COUNTY SUPERVISOR DIST.	County/Local Candidates and Local	al Ballot Committees Enter:
Political Party (if applicable) Lepslican	County: (If active in multiple ballot issue electi	ons, attach list of counties
District:	Date of Election:	
Year Standing for Election:	Date of Election.	
Ponk Assessed Name		
Bank Account Name ↓ ↓	Candidate name & Address or Parent E	ntity (PACs, if applicable),
Bank Account Name  UTSTEANC CHECKING	Affiliate.	ntity (PACs, if applicable), or Sponsor
	Robert Brownell	ntity (PACs, if applicable), or Sponsor
WESTEANK CHECKNG	Robert Brownell Mailing Address	ntity (PACs, if applicable), or Sponsor
Name of Financial Institution/type of Account	Robert Brownell	or Sponsor
Name of Financial Institution/type of Account	Rhert Brownell  Mailing Address  2213 NW PorL	or Sponsor   ↓ ↓ Zip ↓ ↓
Name of Financial Institution/type of Account  Mailing Address  1001 22.0 54 55  City	Refer Brownell  Mailing Address  2213 NW Por L  City + State  Clive Ia	or Sponsor
Name of Financial Institution/type of Account  Mailing Address  1001 22.0 54 55	Affiliate.  Robert Brownell  Mailing Address  2213 NW Port  City	or Sponsor
Name of Financial Institution/type of Account  Mailing Address  1601 22.0 54 55  City	Refer Brownell  Mailing Address  2213 NW Por L  City + State  Clive Ia	or Sponsor
Name of Financial Institution/type of Account  Mailing Address  1601 22.0 54 55  City	Affiliate.  Robert Brownell  Mailing Address  2213 NW PoPL  City	or Sponsor
Name of Financial Institution/type of Account  Mailing Address    1601 22 2 4 4	Robert Brownell  Mailing Address  2213 NW Port  City + State  Clue Ia  Phone (5V) 296-2228  e-Mail robbrowne and	Zip + Zip + . COM
Name of Financial Institution/type of Account  Mailing Address    1001 22 2 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Affiliate,  Robert Brownell  Mailing Address  2213 NW Port  City	Tip + 3 C C C C C C C C C C C C C C C C C C
Name of Financial Institution/type of Account  Mailing Address    1601 22 2 4 4	Affiliate,  Robert Brownell  Mailing Address  2213 NW Port  City	Zip J SZLL  . COM  ers 68A and 68B and the administrative
Name of Financial Institution/type of Account  Mailing Address    1001 22	Affiliate,  Robert Brownell  Mailing Address  2213 NW PL  City State  Clue Ja  Phone (5V) 296-2228  e-Mail robbrowne and  irms the following:  It they are subject to the laws in lowa Code chapte  sure reports and that the failure to file these report  ndidate's committee) to the automatic assessment	Tip  Solution  Zip  Solution  Soluti
Name of Financial Institution/type of Account  Mailing Address    1601 22.2 9	Affiliate,  Railing Address  2213 NW PL  City	ers 68A and 68B and the administrative its on or before the required due dates it of a civil penalty and the possible me of the committee on all political of using the shorter "paid for by" and
Name of Financial Institution/type of Account  Mailing Address    1601 22 2 2 4 4 4	Affiliate,  Railing Address  2213 NW PL  City	ers 68A and 68B and the administrative its on or before the required due dates it of a civil penalty and the possible me of the committee on all political of using the shorter "paid for by" and
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Name of Financial Institution/type of Account  Mailing Address    1601 22	Affiliate,  Mailing Address  2213 NW PL  City State  Clue Ja  Phone (5V) 286-2228  e-Mail Cobbrance and  irms the following:  It they are subject to the laws in lowa Code chapter  sure reports and that the failure to file these report  indidate's committee) to the automatic assessment  in placement of the words "paid for by" and the navishes to register a committee name for purposes in in lieu of filling this form.  The receipt of corporate contributions by all committees to permittee by lowa code sections 68A.301 throughts the committee of the committees of the c	is on or before the required due dates at of a civil penalty and the possible me of the committee on all political of using the shorter "paid for by" and these except for statewide and local ballot up 68A.303 and rule 351—4.25.
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Name of Financial Institution/type of Account  Mailing Address    1001 2222	Affiliate,  Railing Address  2213 NW & L  City	Tip J  STATE  Tip

Date Signed